



Master Plan for the Aging Population



KGRW & Associates LLC

development services . planning . architecture . project management.

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KGRW & Associates LLC

- Conduct a descriptive assessment of current services provided by the Office of Aging
- Survey residents and stakeholders about aging-related services, programs and facilities
- Develop alternative scenarios shaping the future for older adults
- Profile available demographic, socio/economic data
- Produce a 20-year blueprint and action plan covering services, programs and facilities for the County's aging population

Project Approach



Phase I

Master Plan

Phase II

Master Template Architectural Program

Phase III

Senior Center Design and Specifications

Deliverables



Question for You

*What will life be like
for older adults in
Howard County in the
year 2035?*



How many
will be
volunteering?



How many
will be
thriving?

How many
will be
traveling by
driverless
cars?



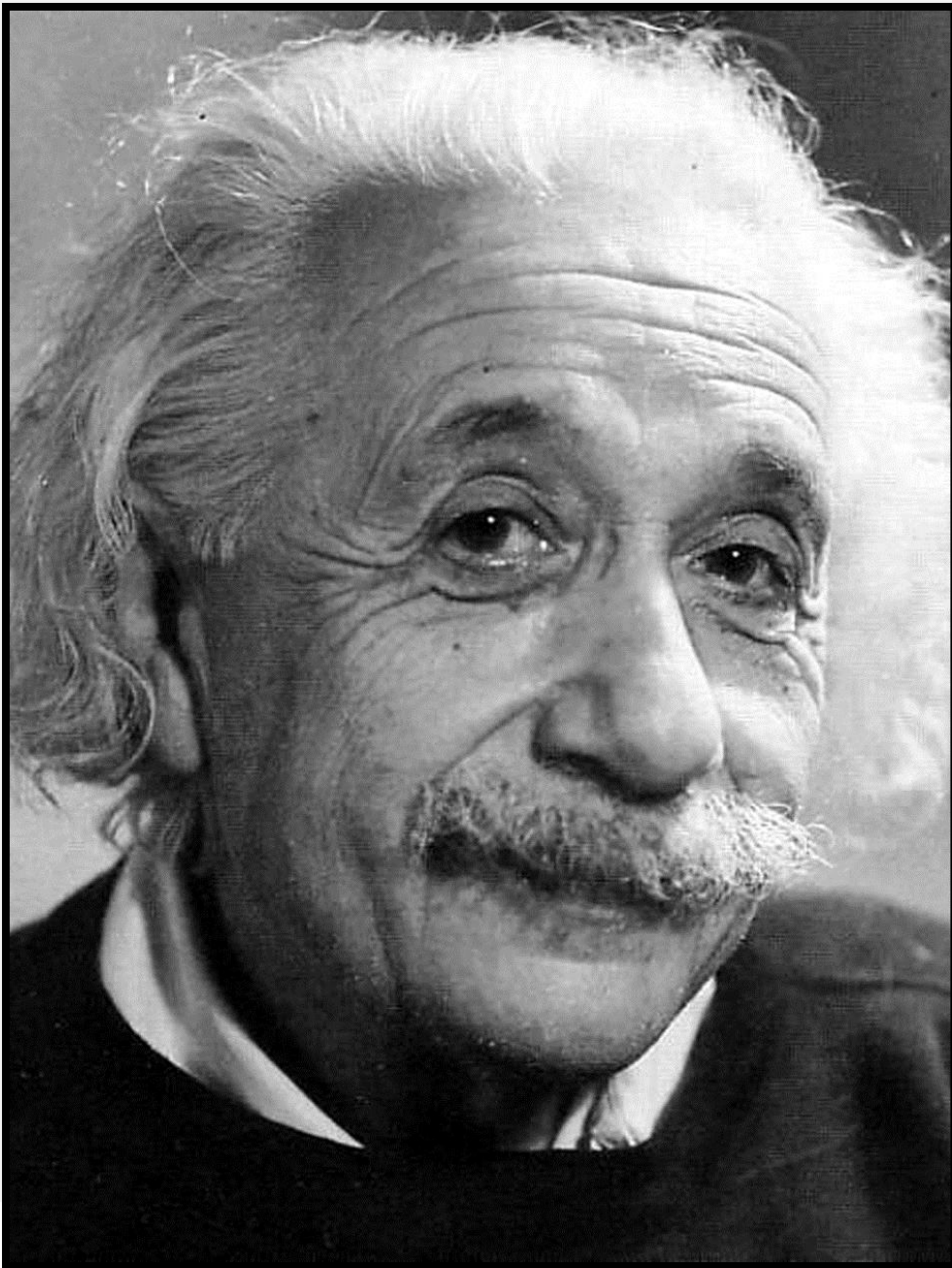
How many
will be
homeless?



How many will be...

- Living past 100?
- Participating in time-banks?
- Working to make ends meet?
- Following a brain fitness regimen?
- Coming to terms with mortality?
- Living in multigenerational households?
- Bankrupt by medical expenses?
- Using robotic devices?
- Affected by climate-related disasters?
- Fighting entitlement reform?
- Fighting for entitlement reform?





The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.



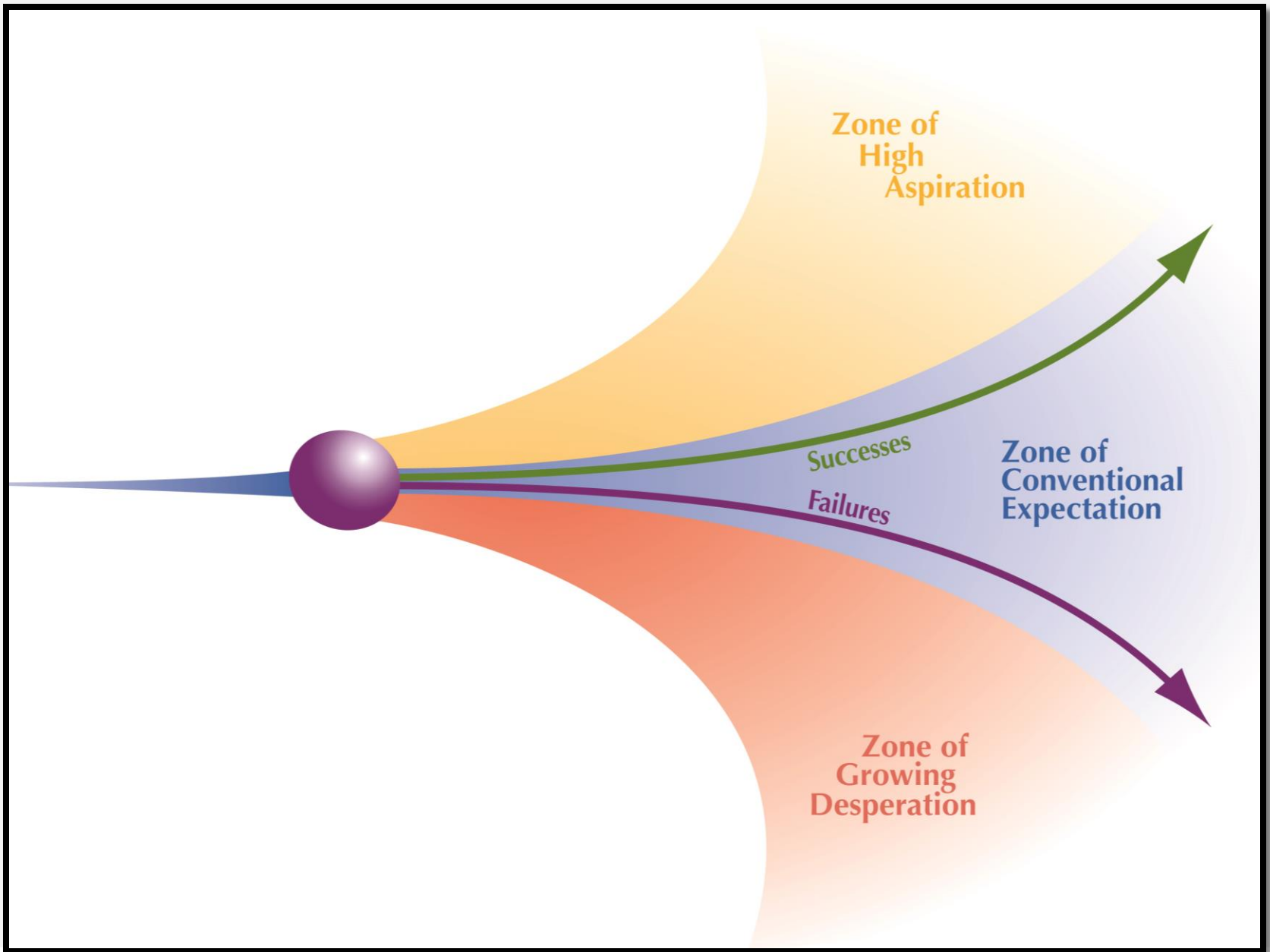
Scenarios: What and Why?

Alternative stories about the future that:

- Account for changes already underway
- Bound the inherent uncertainty of the future
- Explore alternative outcomes
- Clarify assumptions so they can be tested
- Provide a context for setting vision

Clients who have used this approach:





"Aspirational Futures" approach developed by the Institute for Alternative Futures (IAF)



Step 1: Forecasting Future Needs

Key drivers selected with County input:

- Generational attitudes on aging
- Demographics of Howard County
- Health, health care, and long-term care
- Transportation
- Tech supports for aging in place
- Internet and virtual technologies
- Howard County economy
- Local government/governance



Step 1: Forecasts of Key Drivers

- Conduct initial research
- Develop initial forecasts of each driver: *expectable, challenging, and visionary*
- Interview Advisory Committee members (6/25-7/9)
- Refine forecasts based on interviews
- Use forecasts in session with County to identify potential future needs of older adults *if the forecasts come true*



Step 2: Scenarios for 2035

- Review forecasts, identified needs, and other project outputs to date
- Develop four alternative scenarios of older adults in Howard County in 2035
- Develop matrix for side-by-side comparison of scenarios
- Develop a map for each scenario, showing the location of OOA's "visible presence" in community



Step 3: Define Preferred Future

- Present scenarios to Advisory Committee (Aug. 20)
- Facilitate scenario exploration and discussion of preferred future
- Harvest language for subsequent development of vision statement
- Provide report to guide mission, goals, and blueprint



An example:

HEALTH AND HEALTH CARE 2032 SCENARIOS FOR RWJF



**Scenario 1:
Slow Reform,
Better Health**



**Scenario 3:
Big Data, Big
Health Gains**



**Scenario 2:
Health If You
Can Get It**



**Scenario 4:
A Culture of
Health**



Scenario 1: Slow Reform, Better Health	Scenario 2: Health If You Can Get It	Scenario 3: Big Data, Big Health Gains	Scenario 4: A Culture of Health
<i>Health Care Delivery</i>			
<ul style="list-style-type: none"> ▪ A mix of small group and some solo providers, community health centers, retail clinics, and integrated systems ▪ 50% of providers are linked to health data clouds around their patients ▪ Greater provider emphasis on social determinants of health ▪ Widespread use of digital health coaches 	<ul style="list-style-type: none"> ▪ Advanced medical care for the affluent ▪ Some integrated systems for the well-insured ▪ Widespread provider shortages following cuts in reimbursement ▪ Most rely on community health centers, retail clinics, online services and “back alley” medicine with variable quality ▪ Medical tourism increases 	<ul style="list-style-type: none"> ▪ Nearly all care provided through integrated health systems that leverage the data cloud around each individual ▪ Community-Centered Health Homes actively address the social determinants of health in their communities ▪ Widespread use of digital health coaches and biomonitoring 	<ul style="list-style-type: none"> ▪ Greater reliance on natural healing processes, supported by a wide range of health care modalities ▪ Extensive self-care supported by families, neighborhoods, and networked health avatars ▪ Integrated systems, often community-directed, leverage virtual technologies to improve health at reduced cost ▪ Specialized care available at regional “centers of excellence”
<i>Health Insurance Coverage</i> (50.7 Million were uninsured in 2011)			

<http://www.altfutures.org/pubs/RWJF/IAF-HealthandHealthCare2032.pdf>